

Please forward assigned FOIA request to your Division Director so they can determine and directly notify the RA or RA-D that they need to be assigned the FOIA request for responsive records. (This includes 6RA or 6RA-D) Also, if a determination is made that the FOIA request needs to be assigned to a different Division, please inform the FOIA Office.

FREEDOM OF INFORMATION ACT REQUEST
EPA-R6-2015-003886

REQUEST DATE: February 4, 2015

REQUEST RECEIVED: February 6, 2015

REQUESTOR INFORMATION:

Charles Grisham
Box 31526
San Francisco, CA 94131-0526

Email: grish@icloud.com

Work Phone# 415-264-7400

Fax: N/A

FEE CATEGORY: Other

*******SUBJECT*******

Please provide copies of all communications regarding Arkwood, Inc. Superfund Site in Omaha, Boone County, Arkansas EPA ID# ARD084930148; Site ID: 0600124.

*******ASSIGNED OFFICE(s)*******

6SF
6WQ – Russell Nelson

DUE DATE: March 9, 2014

*******SPECIAL INSTRUCTIONS TO DIVISIONS*******

1. Always note Fee commitment by requester: \$ 25
2. Call the requester with a fee estimate, if cost is expected to exceed amount committed \$ 25
3. Each Division must obtain Division Director or delegate concurrence on denial log before routing to ARA signature.
4. Send a copy of the response and cost information sheet to the FOIA Office (6MD-OE).

*******DO NOT WRITE IN THIS SPACE, FOR FOIA OFFICE USE ONLY*******

BILLABLE COST

\$4.00	\$7.00	\$10.25	Pages	Other	TOTAL
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6SF
6WQ – Russell Nelson

ADMINISTRATIVE COST

Postage	Free Docs.	Other	TOTAL
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EPA-R6-2015-003886

Regarding Arkwood, Inc. Superfund Site in Omaha, Boone County, Arkansas EPA ID# ARD084930148; Site ID: 0600124: Please provide copies of all communications in the above matter (correspondence with attachments, emails with attachments, telephone or in-person meeting agendas, attachments and notes, etc.) created or exchanged during the time period spanning January 30, 2014 until February 4, 2015 by, for, to, between or copied to: 1. EPA Region 6 (its staff, managers, employees, representatives, contractors, agents etc.) and McKesson Corporation (its employees, agents, representatives, contractors, etc. and that of any McKesson predecessor or subsidiary entity, including Mass Merchandisers Inc. aka "MMI"); 2. EPA Region 6 (its staff, managers, employees, representatives, contractors, agents etc.) and that of Arkansas Department of Environmental Quality (ADEQ) or its predecessor entity Arkansas Department of Pollution Control and Ecology (ADPC&E) 3. EPA Region 6 (its staff, managers, employees, representatives, contractors, agents etc.) and that of any other governmental or jurisdictional entity be it federal, state, county, local or other; 4. EPA Region 6 staff members or cleared contractors communicating within the agency.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

CERTIFICATION OF ADEQUACY OF SEARCH ON
"NO RECORD" RESPONSES

I, _____, certify that I am employed by the Environmental Protection Agency, Region 6, in Dallas, Texas (or acting as a representative) as _____, that I am familiar with the records requested and/or that I am responsible for conducting the search for responsive records for Request Identification Number 06-FOI-_____, and that I have conducted an "adequate" search for responsive records by searching the below listed location(s) (as applicable):

- 1.
- 2.
- 3.

I further certify that I am aware that a search for responsive records need not be perfect, only adequate and that adequacy is measured and/or determined by the "reasonableness" of the effort of the search in light of the specific request. Specifically, I have searched for the documents in all places that it is practical for the documents to be located. Moreover, after conducting an adequate search for records on behalf of the _____ Division/Unit, I have located no records responsive to this request or portions thereof. Further, I am attaching an itemized listing of all records which my search supports are not in the Region's possession.

Date: _____

Signature of Person Conducting Search

Date: _____

Signature of Designated Supervisor for Person

STAFF CHECKLIST FOR TRANSMITTAL OF RECORDS/INFORMATION

06-FOI-_____

	YES	NO	N/A
Program has responsive records	_____	_____	_____
Searched all possible locations (hard copy/e-mail, files in workstation, file rooms, hard/flash/shared drives, CDs, blackberries etc.)	_____	_____	_____
Advised RFO/DFC of any special circumstances/ Sensitivity related to the FOIA Request	_____	_____	_____
Consulted with the FOIA Requester and/or RFO/DFC for further clarification of the request	_____	_____	_____
Completed "Certification of Adequate Search" form for "No Records" Response	_____	_____	_____
Completed Cost Sheet	_____	_____	_____
Provided responsive records to the assigned FOIA specialist by due date on transmittal form	_____	_____	_____

Date:_____ Signature:_____ ext. _____

Printed Name:_____ Office Name: _____

COMMENTS: _____

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE REGIONAL FOI OFFICER ALONG WITH THE RESPONSIVE RECORDS, A COSTS SHEET AND 'NO RECORDS' CERTIFICATION FORM (IF NECESSARY), FOR EACH FOIA REQUEST PROCESSED.

INTERNAL USE ONLY – DO NOT SEND THIS TO REQUESTER
Please read instructions on back before completing form

FOIA FEE CALCULATION WORK SHEET			
1. REQUEST NUMBER 06-FOI-	2. TYPE OF REQUESTER	3. DATE COMPLETED / /	4. ACTION OFFICE
NOTE: The Freedom of Information Act and EPA's regulations state that the Federal Government must obtain a fee commitment from a FOIA requester before billing can occur. So if no fee commitment is plainly given in the request letter or if other Division also have records, please contact the requester. Provide the requester with an estimate. Make sure the requester understands what program records you refer to and make a note of his/her fee commitment.			
5. FEE COMMITMENT AMT.	6. DATE OF VERBAL/WRITTEN COMMITMENT	7. FEE COMMITMENT RECEIVED FROM	
8. CLERICAL PERSONNEL	TOTAL HRS.	¼ HOUR RATE	COST
a. Search - \$ 4.00 @ ¼ HOUR		x \$ 4.00	
b. Review - \$ 4.00 @ ¼ HOUR		x \$ 4.00	
9. PROFESSIONAL PERSONNEL	TOTAL HRS.	¼ HOUR RATE	COST
a. Search - \$ 7.00 @ ¼ HOUR		x \$ 7.00	
b. Review - \$ 7.00 @ ¼ HOUR		x \$ 7.00	
10. MANAGERIAL PERSONNEL	TOTAL HRS.	¼ HOUR RATE	COST
a. Search - \$ 10.25 @ ¼ HOUR		x \$ 10.25	
b. Review - \$ 10.25 @ ¼ HOUR		x \$ 10.25	
11. DUPLICATION/REPRODUCTION	TOTAL	RATE or ACTUAL	COST
a. Paper or Computer Page (2 sided copy = 2 pages)		x \$.15 pg =	
b. Diskette or CD (Specify) 3 CDs		\$ 1.00 each =	
c. Microfiche		x \$ 1.00/sheet =	
d. Microfilm		x \$10.00cartridge =	
e. Video or Audio Cassette (Specify)		x \$ 5.00 each =	
f. Maps		x	
g. Photos			
12. OTHER COSTS	TOTAL	RATE or ACTUAL	COST
a. Computer Cost		x	
b. Certifications		x \$25.00 =	
c. Special Handling-Overnight Mail		x	
d. Other (Specify)		x =	
13. Actual Admin. Cost for Non-billable Staff time	TOTAL	¼ HOUR RATE	COST
a. Preparer's Name Grade/Step		x =	
b. Preparer's Name Grade/Step			
14. FOR FOIA OFFICE USE ONLY			
a. TOTAL ADMINISTRATIVE/PROCESSING FEES		c. TOTAL CHARGED	
b. TOTAL COLLECTABLE FEES		d. FEES WAIVED/REDUCED YES OR NO	